Best Available Copy

| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 | | | | | | | | | | | | |
|--|--|---|---------------|----------------------|---|------------------|----------|------------|------------------------|------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL EN | !T!!Y | OR | OTHER SWALL | |
| то | TAL CLAIMS | g | - | | | | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | O minus 20≐ | | • | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | minus 3 = | | • | | | X40= | | OR | X80= | · |
| MU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | •— | | | +135≃ | | OR | +270≖ | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | <u> </u> | OR | TOTAL | 715 |
| | , 1 | | | IOIAL | <u></u> | yon | OTHER | THAN | | | | |
| 6 | /// / CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL | ENTITY | OR | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST MBER IOUSLY) FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| MQ. | Total | . 9 | Minus | • 2 | 0 | = | - | X\$ 9= | | OR | X\$18= | |
| ARREP | Independent • 2 Minus | | | *** | 3_ | = | | X40=-: | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |] | +135= | | OR | 2270 <u> </u> | |
| | والمنطقة المستعدد والمنطقة وال | | | | | | | TOTAL | | OR | TOTAL ADDIT, FEE | 1 |
| | | | ADDIT. FEE | | y | ADDII. FEE | 7 | | | | | |
| EMT B | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIG NUA PREV | IMN 2) HEST MBER IOUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| 200 | Total | **., | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AMENDMENT | Independent | <u> </u> | Minus | *** | | = | | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | OR | +270= | |
| | • • • • • • • • • • • • • • • • • • • | | | | | | | TOTAL | | 00 | TOTAL | |
| | | (Calumn 4) | | /Calu | O\ | (Column 3) | | ADDIT. FEE | | ı | ADDIT. FEE | <u> </u> |
| AMENDMENT C | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIGI NUN PREVI | IMN 2) HEST MBER IOUSLY FOR | PRESENT EXTRA | | PATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| SQ. | Total | • | Minus | ** | | : :: | | X\$ 9= | | OR | X\$18= | |
| IMER | Independent | • | Minus | *** | | = | | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= | | | | | | | | | | +270= | |
| | If the entry in colu | +135= TOTAL | | OR | TOTAL | | | | | | | |
| •• | If the "Highest Nu | mber Previously P | ADDIT. FEE | | OR | ADDIT. FEE | <u> </u> | | | | | |

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number